



9-8-8 Call Center FAQs

Question: Providing follow-up within 24hrs to all individuals: If a caller is under emergency order of detention a follow-up would not be able to be performed within the contracted time frame. Can the verbiage be adjusted to account for this?

Response: Section 2.i requests information how phone-based follow up within 24 hours to all individuals whose call was resolved by the call center. Please submit your proposed approach in doing so.

Question: CONTACT USA had a name change last year and it is now International Council for Helplines. Also, currently answers the statewide Reachout Helpline. Will the Reachout Helpline services now fall into this RFP for services?

Response: You may include a description of how the proposed call center will effectively connect callers to the appropriate level of service. Please note, this RFI is being issued solely for information and planning purposes; it does not constitute a Request for Proposal (RFP) or a promise to issue an RFP in the future.

Question: Scope of Work Service B. Is this section mainly regarding the technology to be used by the call center or the dispatch call center?

Response: Scope of Service B addresses call center technology under section B.1 and how technology is proposed to support Scope of Service A under section K.

Question: We receive some money from ODMHSAS for mobile crisis services. Does this mean we are not eligible to respond?

Response: An entity may not operate an ODMHSAS funded mobile crisis response team and simultaneously operate a crisis call center described in this RFI. However, an entity currently operating an ODMHSAS funded mobile crisis response team may choose to respond to this RFI with a submission that includes no longer operating a mobile crisis response team in the future.

Question: Will ODMHSAS accept submissions that include proposed partnerships with multiple entities?

Response: Yes, the ODMHSAS is supportive of multiple entity partnerships responding jointly to this RFI.

Question: While 9-8-8 call volume estimates vary, can you provide an estimate?

Response: Oklahoma's 988 annual call volume is estimated to exceed 100,000 and reach nearly 500,000 when accounting for 911 crisis calls and other local crisis calls according to models provided by Crisis Now.

Question: Are Certified Peer Recovery Support Specialists certified in another state, and/or resident in another state, acceptable?

Response: Peer Recovery Support Specialists must be certified in Oklahoma

Question: Can ODMHSAS provide more information about the nature and process of the electronic connection with 911?

Response: The ODMHSAS is working with state and local 911 offices to develop the means to electronically transfer calls between 911 and 988, and vice versa. No current process exists at this time.

Question: Is ODMHSAS requesting that the Respondent submit claims to Medicaid and third-party insurance?

Response: This section describes a process by which the Respondent will collect and submit information directly to the Oklahoma Healthcare Authority (OHCA) for reimbursement of Medicaid and third-party compensable services.

Question: In the Cover Letter, regarding "serviceable calls from other crisis centers" will local Community Mental Health Centers be forwarding their lines to this crisis call center?

Response: It is not anticipated that Community Mental Health Centers will forward lines to the call center. However, other treatment network partners, such as veteran services and tribal partners may direct individuals to connect.

Question: Should responses include the software solution or the integration with existing software solutions to the following: crisis care dispatch, GPS-enabled mobile dispatch, centralized outpatient scheduling, real-time bed registries?

Response: No crisis care dispatch, GPS-enabled mobile dispatch, centralized outpatient scheduling, or real-time bed registry software is currently in use. If responding to Scope of Service B, entities should describe the level of service they propose to address this need.

Question: How many concurrent agents will use the contact center telephone system?

Response: Oklahoma's 988 annual call volume is unknown but estimated to exceed 100,000 and reach nearly 500,000 when accounting for 911 crisis calls and other local crisis calls according to models provided by Crisis Now. Staffing arrays must ensure 24-hour, 7 days a week coverage.

Question: How many total agents will use the system?

Response: Oklahoma's 988 annual call volume is unknown but estimated to exceed 100,000 and reach nearly 500,000 when accounting for 911 crisis calls and other local crisis calls according to models provided by Crisis Now. Staffing arrays must ensure 24-hour, 7 days a week coverage.

Question: How many work shifts are there in a typical day?

Response: Staffing arrays must ensure 24-hour, 7 days a week coverage.

Question: Should all calls, some calls, or no calls recorded?

Response: Specific call recording requirements have not been defined. Respondents may describe capabilities for call recording.

Question: If recorded, do you want screens recorded as well for training purposes

Response: Specific call recording requirements have not been defined. Entities should describe capabilities of recording for quality and compliance purposes.

Question: What caller demographics do you want reported?

Response: Demographic measure requirements have not been defined. Respondents may describe capabilities to collect caller demographics.

Question: Please explain "call center attrition rates"

Response: Attrition rate refers to call center staff attrition. The National Suicide Prevention Lifeline defines Agent attrition is the percentage of call center agents who leave their position (fired, quit, or promoted) during a given period of time.

Question: Adherence to protocol – are you referencing "average speed to answer"

Response: No. Call center evaluation will include indicators (to be defined) that measure the extent to which best practice standards, guidelines, and protocols are followed when assisting callers, assessing risk, coordinating intervention, and documenting services.

Question: Please explain "Call center occupancy rate"

Response: The National Suicide Prevention Lifeline defines occupancy rate as the percentage of time that staff are performing work-related duties (i.e. talking with callers, performing after-call work like updating databases, sending emails, etc.) vs. the total time that they are logged in.

Question: What is the expected term of the contract?

Response: This RFI is being issued solely for information and planning purposes; it does not constitute a Request for Proposal (RFP) or a promise to issue an RFP in the future.

Question: Is your preference cloud contact center or on-premise contact center?

Response: No preference has been identified.

Question: Please define “overflow coverage.”

Response: National 988 backup coverage plans have not been issued. Overflow coverage may include calls rolled over to an approved backup center or other proposed coverage models to ensure every call is answered.

Question: Oklahoma-Certified Peer Recovery Support Specialists- How many agencies provide the training? How big is the current workforce?

Response: The Peer Recovery Support Specialist (PRSS) certification training is a 40 hour application-based training provided monthly by the ODMHSAS. Currently, there are approximately 900 certified PRSS staff working across the state in a variety of programs.

Question: Is there a date by which accreditation needs to be received?

Response: This RFI is being issued solely for information and planning purposes therefore no deadlines are identified. ODMHSAS requests information in Section J about the anticipated barriers or limitations to services provided by November 1, 2021.

Question: Please describe the process of follow ups and outpatient appointment scheduling.

Response: Follow up calls are intended to ensure individuals previously contacting the call center were connected to care. ODMHSAS anticipates that the call center will directly schedule outpatient appointments for individuals. For information about the ODMHSAS provider network of Community Mental Health Centers, Comprehensive Community Addiction Recovery Centers, and Certified Community Behavioral Health Clinics, please visit <https://oklahoma.gov/odmhsas.html>. All of these entities operate independent EHRs.

Question: Is there a state resource tool for connecting to community-based care and ongoing service connection needs?

Response: No scheduling or treatment service resource tool currently exists.

Question: Will the mobile team providers be required to utilize the dispatch platform selected by the crisis call center?

Response: The ODMHSAS anticipates that mobile crisis teams will utilize or interface with call center dispatch technology.

Question: Are cell phones or use of an IVR permitted in emergency situations (needing to roll to Business Continuity Plan)?

Response: Currently, the National Suicide Prevention Lifeline cannot utilize an IVR for incoming crisis calls. Crisis call center protocols/requirements for 988 have not been issued.

Question: Which/how many third-party insurance companies would need to be billed? Does Oklahoma have the billing guidelines for those companies, or would we need to work with each one individually?

Response: The Oklahoma Healthcare Authority maintains a list of third-party liability carriers [here](#)

Question: Are the reporting elements listed in Addendum A expected to be delivered monthly?

Response: A reporting schedule has not been defined. It is anticipated that service, efficiency, and quality measures will be reported at least quarterly.

Question: Is law enforcement capable of establishing electronic connections with the call center?

Response: The ODMHSAS anticipates that some law enforcement entities will be capable of establishing electronic connections while others may connect through phone.

Question: Are any organizations providing adult mobile team crisis services?

Response: Yes, ODMHSAS has a statewide network of children's mobile crisis teams and three adult mobile crisis teams. The ODMHSAS anticipates the addition of new mobile crisis teams throughout FY22 as part of the state's crisis continuum of care expansion plan.

Question: Is there current collaboration/relationship between the current provider and local law enforcement?

Response: This RFI describes a new service in Oklahoma. As such, no current provider exists.

Question: Please describe the decision for limiting concurrent operation of the call center described in this RFI and mobile crisis teams, including children's mobile crisis teams.

Response: In order to prevent any potential conflict of interest and ensure the decision to dispatch Mobile Crisis Teams are made through the lens of client needs instead of costs and staffing limitations, the ODMHSAS is seeking information on a 9-8-8 call center operating independently from mobile crisis team operations.

Question: What processes would be put in place to allow for the centralized call center to build relationships with law enforcement and EMS services throughout the entire state?

Response: The ODMHSAS has long-standing, nationally recognized partnerships and ongoing collaboration with state and local law enforcement as well as other public safety and emergency response entities. ODMHSAS is already working with these vital partners in the work to expand the crisis continuum of care throughout Oklahoma.

Question: Please describe the decision for seeking information on a single call center versus multiple regional call centers. What multi-disciplinary agencies have been consulted?

Response: The launch of 9-8-8 significantly changes the landscape of what's needed in call center operations to unlike anything that's operated previously in Oklahoma. The ODMHSAS considered the service quality needed for a call center to operate consistent with new call center best practices, cost-effectiveness, and staffing-efficiencies for this new landscape in the development of the RFI. It's estimated that 80% of crisis calls will be resolved over the phone. ODMHSAS' national consultants agree that having 24/7 answering with trained staff in multiple locations (when compared to a single call center) will greatly increase costs and require much higher levels of staffing to serve the same number of Oklahomans.

Question: Is there an option for a mental health team that works closely within a community, instead of a statewide approach, to decrease the burden of mental health related calls on the police?

Response: This RFI is being issued for the purpose of collecting information and planning of a 9-8-8 call center. Oklahoma's Comprehensive Crisis Response continuum has three primary pillars: Call Center; Mobile Crisis Teams; and Urgent Recovery Centers/Crisis Centers. ODMHSAS is dedicated to high quality Call Center services and training which will address 80% of crisis needs over the phone. For those 20% needing community-based responses through Mobile Crisis Teams, ODMHSAS is committed to high quality care provided through a trusted network of community partners. National evaluations have concluded that a 9-8-8 call center operating to the specifications identified in the RFI will divert a significant number of calls from 911, which has traditionally required a law enforcement response. Additionally, mobile crisis teams are a proven mechanism to reduce the burden of mental health related calls on police.